



MINUTES
Rate Structure Work Group Meeting
Friday February 16, 2024 / 10:00AM - 12:00PM
Held via: Zoom Webinar

Rate Work Group Member Attendance: Melissa Hardy, BDS; Laurie Vachon, BDS Facilitator; Christy Roy, DHHS; Abby Conger, BDS; Jessica Kennedy, BDS; Lindsey Magee, BDS; Melissa Morin, BDS; Aida Ramirez, BDS; Peggy Greenwood, BDS; Susan Ryan, DHSS; Allysa Voisine, BDS; Kerri Zanchi, A&M; John Jenkins, Jr., A&M; Krista Stephani, MSLC; Lesley Beerends, MSLC; Martin McNamara, MSLC; Jacquelyn George, MSLC; Ellen McCahon, ED CSNI; Matthew Cordaro, ED One Sky Services; Shelley Kelleher, CFO Lakes Region Community Services; Cynthia Mahar, Community Crossroads; Sudip Adhikari, Gateways; Susan Silsby, Easter Seals; Erin Hall, Brain Injury Association of New Hampshire

Please reference the corresponding slide presentation for the detailed agenda, including topics and themes covered in the meeting and corresponding takeaways and applicable action items.

Topic	Key Takeaways & Action Items
Service Planning and Service Delivery	<p><u>Current State of SIS Assessments</u></p> <ul style="list-style-type: none"> • The Department has used the SIS since 2007, as a tool to aid individuals accessing waiver services. • Many individuals, families, service coordinators, and provider agencies are used to this tool. <p><u>Future State of SIS Assessments</u></p> <ul style="list-style-type: none"> • In the future, the Department will use the tool in the same way to inform person-centered planning. • In addition, the Department will also use the SIS as a way to match an individual’s identified level of need with service reimbursement rates for certain developmental disability (DD) waiver services. • Using the SIS to inform rates will promote consistency and equity across the State. • The SIS-A will not dictate what services are available to individuals, the frequency or duration of services, service eligibility, or waiver enrollment.

	<ul style="list-style-type: none"> • Preliminary data suggests using the SIS-A to inform rates will result in an increase in total service payments, in the future.
<p style="text-align: center;">Assessment Process and Communication</p>	<ul style="list-style-type: none"> • The Department is contracted with Public Consulting Group (PCG) who will begin to administer the SIS-A assessments in New Hampshire. • These assessments are underway now; PCG is beginning to reach out to families and individuals to schedule their assessments. • The Department’s initial plan is to prioritize individuals who are brand new to DD waiver services and who have never participated in a SIS assessment, in the past. <ul style="list-style-type: none"> ○ The Department is working with PCG to prioritize and identify these individuals. • As part of this process, the Department and PCG are coordinating activities with Area Agencies (AAs) and service coordination entities. • The Department is striving to promote and develop a consistent communication plan targeted to families and individuals. This will help ensure familiarity with PCG and their role. <ul style="list-style-type: none"> ○ The Department is exploring a range of communication material for this outreach. ○ Feedback has been received from the Communication Committee, Statewide Service Coordinator Supervisors, and Statewide Support Council members. ○ The Department will be reviewing this feedback to incorporate recommendations into communication materials. • Comment: Maine has a great communication plan that was developed for a similar purpose, and I suggest the Department reaches out to Maine to leverage this material. <ul style="list-style-type: none"> ○ Department Response: Thank you, this is an excellent suggestion and the Department will look into this. We want to make sure we are aware of key stakeholders to provide education to individuals.
<p style="text-align: center;">Section Utilization</p>	<p style="text-align: center;"><u>SIS-A Sections Used for Person-Centered Service Planning</u></p>

- The Department is continuing to use the SIS-A because it is a familiar tool already used in New Hampshire, and it does not require transition or additional training for families.
- The majority of individuals who currently receive services have participated in a SIS-A assessment.
- The SIS-A is also a great strength-based, valid and standardized, person-centered tool that was developed for use with people who have a DD or intellectual disability (ID).
- To ensure the person-centered planning process is comprehensive, all sections of the SIS-A will be used to guide person-centered planning, as has been done in the past.
- Please reference slide 5 in the presentation materials for an overview of the SIS-A sections.
 - In addition to the sections noted on slide 5, the Department plans to use additional, supplemental questions, to identify other needs an individual may have.
- Slide 6 in the presentation materials detail which sections of the SIS-A will be used to inform rates.
 - These sections have shown a positive correlation with identifying individuals' support needs.
- Not all rates will be informed by the SIS-A assessment. Only the following DD waiver services will have a rate that is informed by SIS-A assessment results:
 - Community Participation Services (Day Habilitation).
 - Community Support Services (CSS).
 - Residential Services (includes staffed residential services, enhanced family care, and residential self-directed services).
 - Respite.
 - Supported Employment (SEP).
- **Question:** You stated there are many services that will not have a rate that is informed by the SIS-A. Can you name some of them?
 - **Department Response:** This is not an exhaustive list, but for example services like non-medical transportation (NMT), specialty services, personal emergency response (PERS), goods and services, and community integration will not have rates informed by the SIS-A.

**Assessment-
Informed Rates**

- The support needs index on slide 8 of the presentation is an overall summary score of the SIS-A.
 - Information on this index was taken from the sample of 400 individuals in New Hampshire reviewed by AAIDD.
- The average score of the sample reviewed from New Hampshire was 95.7%. The national average is 100%.
 - 100% is what the SIS was normalized on.
- Slide 8 is intended to demonstrate that data gathered from the national tool is very similar to New Hampshire specific data.
- **Question:** Can you describe what the SIS score means? Just as a generalization.
 - **Myers and Stauffer Response:** In general a lower score will indicate that fewer supports are required. A higher score generally indicates that more supports are needed. The support index does not include medical or behavioral supports, but the index does give a general idea of what supports may be needed for an individual. The scores aligns with the sections of the SIS-A that inform person-centered needs.
- The Levels shown on slide 9 are a little different than the information displayed in the index on slide 8. As you move up the graph, this indicates a higher general support need. Moving alongside the graph indicates a behavioral or medical support need. It is important to note that:
 - Level 6 indicates an extraordinary medical support need.
 - Level 7 indicates an extraordinary behavioral support need.
- **Question:** Can you confirm that Levels 3, 6, and 7 draw from the supplemental questions?
 - **Myers and Stauffer Response:** Yes, along with the medical and behavioral questions from the SIS-A.
- **Question:** I want to make sure I understand this section correctly. In Level 3, someone could have minimal to moderate support needs (so need minimal support needs in community living) but they have high behavioral health support needs. So their rate will be in the Level 3 rate band?
 - **Myers and Stauffer Response:** Yes.
 - **Comment:** I am having a hard time accepting this because we know there are people in the system with

high support needs but have moderate day-to-day need with general supports, and this really worries me. I think this needs to be looked at.

- **Myers and Stauffer Follow-up Response:** Another thing to note is that if an individual does have an indication of an extraordinary behavioral health support needs they would be placed at a Level 7.
- **Department Response:** Your question is critical and we want to make sure we are addressing this. We will use an exceptions process, but the supplemental questions are meant to identify an individual who may not score high in general needs but their behavioral health or medical needs are the exact opposite. The goal is to have the supplemental questions identify this.
- Myers and Stauffer noted that previously provided information was edited on slide 10.
- An exceptions process will be developed if an individual or their team feel their needs are, or will not be met, based on the assessed level.
- Myers and Stauffer conducted an analysis using the 400 assessments conducted by AAIDD in 2022, to determine if a correlation existed between historical service spend and proposed SIS levels (also thought of as support needs).
 - An exact match, would indicate the proposed levels would simply perpetuate what has been done in the past, and New Hampshire's intent is to improve upon current practice.
- Historically there has not been a strong correlation with SIS levels and payments.
- With assessment based payments, the intent is to align payments to assessed needs of individuals.
- Analyses performed to date suggests there will be an overall increase in total service payments.
 - This does not necessarily mean this will result in a rate increase for every DD waiver service.
- **Question:** To confirm, today there is not a correlation with SIS and payments?
 - **Myers and Stauffer Response:** Yes this is true.
- **Question:** Is a correlation not present because we are not using supplemental information? If we are looking at service structure, a higher SIS score will not align with a need for

services. Where this probably goes askew is there is not data on the medical and behavioral side. So with a lack of supplemental questions, do you believe that adding in the questions will provide more correlative information?

- **Myers and Stauffer Response:** The supplemental questions have not historically been part of this process. We think adding this information will help with correlation. If you look at the graph on slide 9, Levels 1, 2, 4, and 5 are where general support needs increase. Additional behavioral health and medical scores will really help improve this process.
- **Comment:** We are working with a provider right now who is adjusting rates. I do not know if we want to test this theory out by adding supplemental questions into this process. It would be approximately 30 people. There are some states that have all used the supplemental questions, but they have been tailored for their state specific needs.
 - **Department Response:** We want to prioritize people who have never had a SIS, but we will continue discussing this with this group. We can share the supplemental questions PCG is using.
- **Question:** It looks like there is a correlation between SIS Levels 1, 2, 4, 5, and 7 and expenditure. Is it correct to say that there is not a strong correlation in Levels 3 and 6?
 - **Myers and Stauffer Response:** We want to be cautious about picking out specific Levels. Information in these charts are based on averages. There are large error bars that contribute to this.
- **Question:** If historically there is not a strong correlation, do we have to redo previous SIS assessments?
 - **Department Response:** Excellent question, these are things we have not yet determined. Other states have continued to use the current one unless a team noted discrepancies, but we will need to discuss and make some decisions.
- **Question:** We are anticipating an overall rate increase, but have we done rate modeling for any programs? I am concerned about some of the programs, like CES as an example. It is a low funded program. So program-wide, have we done rate modeling in particular programs?
 - **Department Response:** This is a good point. Our goal is to make sure we offer services to individuals in the

least restrictive environment. We will be looking at this to ensure we are offering good options and choices. As part of the rate development process we have already started looking at some of the base wages. Preliminary data suggests new rates would be increasing the base wages included as a rate component for some of the DD services. The initial analysis indicates we will need new dollars into the system to support rate increases. With this said, the Department wants to note that not all individual service rates will increase. However, what we can see is there will be a need for more service dollars overall. Certain services like CES will need particular review.

- **Question:** If we do not get dollars into the system, is there a backup plan? Will we keep things status quo?
 - **Department Response:** Good question. We will work through this together. The goal is to get the SIS-A updated. We are currently doing business as usual. The good news is there has been an increase of 7% for some existing rates thanks to House Bill 2. Once rates are finalized, we will look at the budget impact and submit a request.
- **Comment:** I have not looked at the behavioral health questions in a while, but we had some questions with the Intensive Treatment Services (ITS) populations that were not sufficient. I think we need to take another look at this with subject matter experts. I also have heard there might be a hesitancy for people to answer honestly to ensure they get an increased rate.
 - **Department Response:** This is good to hear and part of the training and implementation of training is to wade through some of this. We will make sure to address this in training provided by PCG. We can send the supplemental questions being proposed to Rate Work Group members.
- **Question:** What happens when someone is put in a Level above their needs? Is there a process for rectifying this issue? Would a review process make sense?
 - **Department Response:** We will need to discuss and consider how this situation would be addressed with PCG.

<p style="text-align: center;">Next Steps</p>	<ul style="list-style-type: none"> • It is requested for Rate Work Group members to review the appendix in the slide deck so we can have a discussion on the content in the next Rate Work Group meeting scheduled for March 15. <ul style="list-style-type: none"> ○ Specifically, Myers and Stauffer and the Department request that you come prepared to discuss the exceptions process and how this may look in New Hampshire. • The Department will also share an update on the progress made on communication plans for the SIS-A implementation portion of this project. • The Department will also be requiring providers and AAs complete an annual cost report moving forward. The Department will be working internally with Myers and Stauffer on developing the upcoming cost report.
<p style="text-align: center;">General Questions and Comments</p>	<ul style="list-style-type: none"> • Question: There is a concern the system has changed significantly, particularly with service coordinator and Designated Area Agency Delivery Systems (DAADS) responsibilities since the last cost report. With potential new rates there is a concern the data needs a refresh, particularly around service coordination and DAADS. Can we discuss? <ul style="list-style-type: none"> ○ Myers and Stauffer Response: For service coordination, instead of looking at hours and tasks, we looked at caseload. As we continue work on the rates, we can plan on walking you through the methodology to discuss how this works. If we need to tweak caseloads, we can discuss. By looking at caseload instead of specific tasks, we do not have to worry as much about fluctuations and change in tasks. We are not overly concerned this is an issue with the service coordination rates. • Comment: Average caseloads were based on the workload from a year and a half ago and this has changed dramatically. Workload has not gone down. This caseload information is now old. Just something to think about. And DAADS functions were based on AA responsibilities that are no longer AA responsibilities. Things have changed significantly and I think we need to review. <ul style="list-style-type: none"> ○ Department Response: These are all good points that the Department agrees on. This is also the point of looking at annual cost report data. We have also seen a

10% increase in the service coordination rate since July 2023. We are excited about what we have been able to do with this service in New Hampshire now.

- **Question:** When are we going to tackle rate development?
 - **Department Response:** Right now we want to tackle the exceptions process. As we move back to rate development, we can have further discussions, particularly if there is anything critical that has changed.
- **Question:** Can we prioritize cost reports first? We have had layoffs because the DAADS rate has been woefully inadequate.
 - **Department Response:** We are working on this with Myers and Stauffer and we can share updates on the cost report soon.
- **Question:** Do you have a timeline on when the cost report could be released?
 - **Department Response:** We do not have an answer now, but we are reviewing this.
- **Question:** Can you please include provider and AA financial management on the development of the new cost report?
 - **Department Response:** We agree. We appreciate the feedback and we will include them in this process.
- **Comment:** On the cost report, we just did a cost report that was 1 page. I just want to say that it was very easy.
 - **Department Response:** We'll take a look at this and review.
- **Question:** Who do we send comments to for the exceptions process?
 - **Department Response:** We are going to come together and walk through this in the next Rate Work Group meeting. From there, we can develop an updated proposed plan for additional feedback. If you cannot make the next Work Group, please email feedback to BDSRateStructureWorkgroup@dhhs.nh.gov.